
State:	Arkansas	Filing Company:	Citizens Security Life Insurance Company
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	Group EE Enrollment/Change Form		
Project Name/Number:	Group Enrollment/Change; ENR GA.06 Rev 2012/		

Filing at a Glance

Company:	Citizens Security Life Insurance Company
Product Name:	Group EE Enrollment/Change Form
State:	Arkansas
TOI:	H10G Group Health - Dental
Sub-TOI:	H10G.000 Health - Dental
Filing Type:	Form
Date Submitted:	09/20/2012
SERFF Tr Num:	CSLI-128694447
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	
Implementation	On Approval
Date Requested:	
Author(s):	Rickie Bolduc
Reviewer(s):	Rosalind Minor (primary)
Disposition Date:	09/20/2012
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

State:	Arkansas	Filing Company:	Citizens Security Life Insurance Company
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General Information

Project Name: Group Enrollment/Change; ENR GA.06 Rev 2012	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Form has been filed in state of domicile, KY; Awaiting approval.
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type: Employer, Trust	Overall Rate Impact:
Filing Status Changed: 09/20/2012	
State Status Changed: 09/20/2012	Deemer Date:
Created By: Rickie Bolduc	Submitted By: Rickie Bolduc
Corresponding Filing Tracking Number:	

Filing Description:

We have enclosed our Group Employee Enrollment/Change Form for review and approval. This is a new form and will not replace any existing form.

The enrollment form will be used with our group dental and vision products approved for use in Arkansas. The group dental policy form, GPA 02 06 (Rev), was approved August 7, 2007. The group vision policy form, GPA 01 06 AR, was approved for use in Arkansas on June 15, 2007.

Company and Contact

Filing Contact Information

Rickie Bolduc, Actarial Associate	rbolduc@cslico.com
PO Box 436149	502-244-2431 [Phone]
Louisville, KY 40253-6149	502-244-2439 [FAX]

Filing Company Information

Citizens Security Life Insurance Company	CoCode: 61921	State of Domicile: Kentucky
12910 Shelbyville Road, Suite 300	Group Code: 1310	Company Type: Life and Accident and Health
PO Box 436149	Group Name: Citizens Financial Group	State ID Number:
Louisville, KY 40253-6149	FEIN Number: 61-0648389	
(502) 244-2420 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 enrollment form @ \$50 = \$50
	Domicile fee was only \$5
Per Company:	No

SERFF Tracking #: CSLI-128694447

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company: Citizens Security Life Insurance Company

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Company	Amount	Date Processed	Transaction #
Citizens Security Life Insurance Company	\$50.00	09/20/2012	62878879

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/20/2012	09/20/2012

SERFF Tracking #:	CSLI-128694447	State Tracking #:	Company Tracking #:
State:	Arkansas	Filing Company:	Citizens Security Life Insurance Company
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Disposition

Disposition Date: 09/20/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Group Employee Enrollment/Change Form	Approved-Closed	Yes

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Form Schedule

Lead Form Number: ENR GA.06 Rev 2012							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 09/20/2012	ENR GA.06 Rev 2012	AEF	Group Employee Enrollment/Change Form	Initial:	45.000	ENR GA.06 Rev 2012.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

GROUP EMPLOYEE ENROLLMENT / CHANGE FORM

ENROLLMENT / CHANGE TYPE				CITIZENS SECURITY USE ONLY			
<input type="checkbox"/> New Applicant				Dental Plan:		Dental Prem:	
<input type="checkbox"/> Change in Coverage:				Vision Plan:		Vision Prem:	
___ Change Address ___ Terminate effective: / / ___ Change Name ___ Reinstate effective: / / ___ Add Dependent ___ COBRA effective: / /				Waiting Period:		PID:	
				Takeover: <input type="checkbox"/> Y <input type="checkbox"/> N Date: / /			
COVERAGE REQUESTED				EMPLOYER USE ONLY			
<input type="checkbox"/> Dental	Dual Choice ONLY:	<input type="checkbox"/> High Option <input type="checkbox"/> Low Option		Group #:		Acct#:	
<input type="checkbox"/> Vision	Dual Choice ONLY:	<input type="checkbox"/> High Option <input type="checkbox"/> Low Option		Effective Date:			
APPLICANT INFORMATION							
Last Name:		First Name:		M.I.:		Social Security #: XXX - XX -	
Address:						Phone #: () -	
City:			State:		Zip Code:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
							Married? <input type="checkbox"/> Y <input type="checkbox"/> N
Date of Birth: / /		Age:	Coverage Type:	EE Only <input type="checkbox"/>	EE + Spouse <input type="checkbox"/>	EE + Child(ren) <input type="checkbox"/>	Family <input type="checkbox"/>
EMPLOYER INFORMATION							
Employer:				Location:		Phone #: () -	
Occupation / Title:				Hours Worked Per Week:		Full Time Employment Date: / /	
DEPENDENT INFORMATION							
All information must be completed for each dependent(s) to be covered. Select what coverage you want for each dependent(s) by placing a "Y" for Yes or "N" for No under the Dental and Vision columns. (<i>Child(ren) Ages 0-25</i>)							
Name	Relation	Date of Birth	Sex (M/F)	Dental (Y/N)	Vision (Y/N)	If covered under another Dental Policy list the carrier	
AUTHORIZATION							
<p>I hereby request coverage under the group policy(ies) issued by CITIZENS SECURITY LIFE INSURANCE COMPANY and authorize my employer to deduct from my earnings any required contribution for the insurance to which I am or may become entitled. I am employed by the employer listed above and regularly work and, at present I am working at least 30 hours per week for this employer at a regular place of business or other location to which I am required to travel to perform my regular duties for this employer. I hereby represent that all answers above are true and complete to the best of my knowledge and belief.</p> <p><i>Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.</i></p>							
Applicant's Signature:						Date:	

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/20/2012
Comments:			
Attachment(s):			
Readability Cert.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	09/20/2012
Bypass Reason:	The form that is being filed is an enrollment form; see cover letter.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	09/20/2012
Comments:			
Attachment(s):			
Cover Ltr.pdf			

Citizens Security Life Insurance Company

12910 Shelbyville Road, Suite 300
Louisville, KY 40243

Readability Certification

I, Kimberly R. Reese, Vice President, Operations, Citizens Security Life Insurance Company, hereby certify that the following form has a Flesch Scale readability score of:

ENR GA.06 Rev 2012; Group Employee Enrollment/Change Form - 45

I also certify, to the best of my knowledge and belief, the form is in compliance with the statutes and regulations for simplified and readability policy forms of the state for which it is being filed.

Signed for: Citizens Security Life Insurance Company

Date: September 19, 2012

By:



Title: Vice President - Operations



September 20, 2012

Arkansas Department of Insurance
Health Division, Forms and Rates
1200 West 3rd Street
Little Rock, AR 72201-1904

Re: Citizens Security Life Insurance Company - **New Submission**
NAIC # 61921 FEIN # 61-0648389
Form # ENR GA.06 Rev 2012; Group Employee Enrollment/Change Form

Dear Sir/Madam:

We have enclosed our Group Employee Enrollment/Change Form for review and approval. This is a new form and will not replace any existing form.

The enrollment form will be used with our group dental and vision products approved for use in Arkansas. The group dental policy form, GPA 02 06 (Rev), was approved August 7, 2007. The group vision policy form, GPA 01 06 AR, was approved for use in Arkansas on June 15, 2007.

If you should have any questions concerning this filing, please contact me at (800) 843-7752 or e-mail rbolduc@cslico.com. Your prompt attention to this filing is greatly appreciated.

Sincerely,

A handwritten signature in black ink that reads 'Rickie Ellen Bolduc'.

Mrs. Rickie Ellen Bolduc, FLMI, AIRC, ACS
Compliance Director